

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Scal</i>	<i>7/1</i>	<i>9/13/00</i>
O.I.P.E. CLASSIFIER	<i>SW</i>	<i>65608</i>	<i>10/21/2000</i>
FORMALITY REVIEW	<i>2.92</i>		
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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